



MAURA T. HEALEY
Governor

KIMBERLEY DRISCOLL
Lieutenant Governor

The Commonwealth of Massachusetts

Executive Office of Health and Human Services

Department of Public Health

Bureau of Environmental Health

Radiation Control Program

Schrafft Center, Suite 1M2A

529 Main Street, Charlestown, MA 02129

Phone: 617-242-3035 Fax: 617-242-3457

www.mass.gov/dph/rcp

KATHLEEN E. WALSH
Secretary

MARGRET R. COOKE
Commissioner

Tel: 617-624-6000
www.mass.gov/dph

REGISTRATION OF SERVICES APPLICATION FORM

Name: _____

Email : _____

Telephone: _____

MAILING ADDRESS:

Street/ PO Box: _____

State: _____

City: _____

Zip Code: _____

APPLICATION AREA FOR REGISTRATION: (Check appropriate item(s))

- a. ☐ Installation and/or servicing of x-ray equipment
- b. ☐ Calibration of radiation measurement equipment
- c. ☐ Personnel dosimetry services
- d. ☐ Health Physics services (Circle one or more): (2a,2b,2c,2d)
- e. ☐ Other (specify): _____

- | |
|---------------------------------------|
| (2a) Shielding Design |
| (2b) Diagnostic Radiology (ex. mammo) |
| (2c) Therapy Medical Physics |
| (2d) Mammography Medical Physics |

DATE SERVICES ESTABLISHED IN MASSACHUSETTS: _____

QUALIFIED INDIVIDUALS:

☐ LIST OF INDIVIDUALS AND THEIR QUALIFICATION DOCUMENTATION ATTACHED

On a separate sheet describe the training and experience which qualify the **QUALIFYING INDIVIDUAL/S** to discharge the services for which you are applying for registration. If a number of individuals are employed to provide these services, specify your training and experience requirements for employment, **Attach SIGNED Training Certificates.**

MINIMUM EDUCATION AND TRAINING FOR PERSONS PERFORMING X-RAY OR RADIATION MACHINE ASSEMBLY, INSTALLATION OR REPAIR

All persons performing radiation machine assembly, installation or repair shall meet the general requirements in subparagraph 1.

1. General requirements include:

- (a) Formal training (may be satisfied by factory school, military technical training school, or other courses in radiation machine assembly, installation or repair techniques) providing familiarity with the type(s) of equipment to be serviced, to include radiation safety.
- (b) Knowledge of protective measures to reduce potentially hazardous conditions; and
- (c) Six months of supervised assembly and repair of the type(s) of equipment to be serviced.

RADIATION SAFETY RESPONSIBLE INDIVIDUAL:

[] RADIATION SAFETY RESPONSIBLE INDIVIDUAL QUALIFICATION DOCUMENTATION ATTACHED

On a separate sheet document the training and experience which qualify the **RADIATION SAFETY RESPONSIBLE INDIVIDUAL** to discharge the services for which you are applying for registration. Include documentation to support designation as RADIATION SAFETY RESPONSIBLE INDIVIDUAL (ex: Diploma, Certification, and Training Documentation).

The **RADIATION SAFETY RESPONSIBLE INDIVIDUAL** is responsible for oversight of the actions of personnel performing duties involving radiation /radioactive materials for the registrant. Oversight of these individuals is commensurate with the risk of the task.

[] I CERTIFY THAT I HAVE READ AND UNDERSTAND THE PERTINENT SECTIONS OF 105 CMR 120.000: TO CONTROL THE RADIATION HAZARDS OF RADIOACTIVE MATERIAL AND OF MACHINES WHICH EMIT IONIZING RADIATION.

RADIATION SAFETY RESPONSIBLE INDIVIDUAL SIGNATURE: _____

NAME (LAST, FIRST): _____ **(PRINT)** **DATE:** _____

[] I CERTIFY THAT THE INFORMATION PROVIDED IN THIS APPLICATION IS TRUE AND COMPLETE.

REGISTRANT SIGNATURE: _____

NAME (LAST, FIRST): _____ **(PRINT)** **DATE:** _____

TITLE: _____

YOU MUST ENSURE YOU SUBMIT THE FOLLOWING:

- [] Submit completed application**
- [] Submit List of QUALIFIED INDIVIDUALS and qualification documentation for each**
- [] Submit RADIATION SAFETY RESPONSIBLE INDIVIDUAL qualification documentation**
- [] Submit check or money order payable to the Commonwealth of Massachusetts for \$ 150.00**

If at any time you have changes to the information submitted on the form, please update and send the appropriate documentation to RadiationControl@massmail.state.ma.us

ADDITIONAL INFORMATION MAY BE FOUND AT

<http://www.mass.gov/eohhs/gov/departments/dph/programs/environmental-health/exposure-topics/radiation/registration/>

FOR AGENCY USE ONLY

RESTRICTING CONDITION(S)

[] N/A IF NONE

DESCRIBE:

AGENCY REVIEWER: _____ DATE: _____